



NEVADA DEPARTMENT OF AGRICULTURE  
Organic Certification Program  
PRODUCER RENEWAL APPLICATION



This application should be completed by the person applying to renew certification to produce, or produce and handle their own organic crops in Nevada. Producer/Handlers must also complete a Handler Application renewal application. For additional information, refer to the Nevada Organic Certification Program Handbook. For assistance in completing this application, call (775) 688-1182 extension 243.

**RETURN THIS RENEWAL APPLICATION AND THE REQUIRED FEE  
NO LATER THAN MARCH 1<sup>ST</sup> TO AVOID \$50.00 LATE CHARGE:**

**To: NDA / Organic Certification Program  
350 Capitol Hill  
Reno, Nevada 89502**

**Renewals received without appropriate fee will be returned.**

Incomplete applications and/or supporting documentation may result in the denial or delay of certification.

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**BUSINESS INFORMATION** (Where appropriate, list all corporate officers and offices, partners, etc.  
Attach additional pages if necessary.)

Producer or Producers (list all) \_\_\_\_\_

Business /Farm Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person: \_\_\_\_\_

Farm Information (if different than above):

Farm Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person / Manager at Farm or Facility \_\_\_\_\_

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**TYPE OF APPLICATION** (Check both if you are renewing *and* adding fields / sites).

☐ Annual **Renewal** Application

☐ **Addition** of Growing Area(s)

\*\*\*\*\*

**CERTIFICATION CATEGORY.** Check applicable category. *Livestock producers use NDA Livestock Producer renewal form:*

☐ Producer **\$ 100.00**

☐ Producer/Handler **\$100.00\*\***

**\*\* Producer / Handler must also complete Handler Applications**

\*\*\*\*\*

**SITE INFORMATION** (in acres or square feet)

Total site area\_\_\_\_\_ How much area in production now?\_\_\_\_\_

Total area to be certified organic\_\_\_\_\_

Does this differ from last year? ☐ Yes ☐ No.

If yes, complete “**Additions**” section of this application, pages 3-9.

\*\*\*\*\*

SUPPORTING DOCUMENTATION: For changes or additions.

Soil and Water Reports Required This Year Where Indicated:

☐ Soil fertility report. (Required every three years for renewal\*\*)

☐ Water quality report (if requested by the Department)

\*\*Refer to the Nevada Organic Certification Program Handbook for soil test requirements.

\*\*\*\*\*

Independent Organic Certification

Does a certifying agent other than the Department currently certify you? ☐ Yes ☐ No

If yes, please complete the following information:

Certifying Agent: \_\_\_\_\_

Address of Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

When did this agent perform the last on-farm inspection?

\_\_\_\_\_  
Under which categories are you certified?

\*\*\*\*\*

Marketing of Product

Please describe how you marketed your product(s) last year.

_____ On farm	_____ To restaurants
_____ Farmer Markets	_____ To retail stores
_____ CSA	_____ Wholesale / brokers
_____ Other. Please describe.	

Optional: You may attach additional information about your operation including photographs, brochures, written information, etc. to be included in your file.

***If there are no changes or additions, please go ahead to pages 9-14.***

## ***FOR CHANGES OR ADDITIONS ONLY***

### **General Map of farm/site to be added and/or changes to current farm/site.**

Complete a general farm map showing the field unit(s) and/or greenhouse(s) to be added. Number each field unit and/or greenhouse. Show buildings, irrigation sources, roads, easements, fences or other necessary markings to define distinct boundaries. Show all buffer zones and their distances. You may use this form or attach your own map to this form. Include a separate map for non-contiguous sites.

Scale: One space = \_\_\_\_\_ Sq. Ft. or Acres

N  
↑

Located in \_\_\_\_\_ County

***FOR CHANGES OR ADDITIONS ONLY***

**PLEASE LIST A THREE YEAR HISTORY OF MATERIALS APPLIED TO EACH FIELD UNIT OR GREENHOUSE TO BE ADDED.**

Field Unit or Greenhouse Number: \_\_\_\_\_ (as indicated on general farm map on page 3)

List all materials (by category) applied during each of the three years prior to date of application for certification. Include materials applied to fencing, trellis supports, greenhouse structures, rights of way, non-crop areas, etc.

Material Category	1 <sup>st</sup> year history Date from: Date to:	2 <sup>nd</sup> year history Date from: Date to:	3 <sup>rd</sup> year history Date from: Date to:
Insecticides			
Fungicides			
Herbicides			
Growth Regulators			
Foliar Applied Fertilizers			
Soil Applied Fertilizers			
Soil Amendments			
Other			

## ***FOR CHANGES OR ADDITIONS ONLY***

**COMPLETE A THREE-YEAR CROPPING HISTORY FOR EACH FIELD UNIT OR GREENHOUSE TO BE CERTIFIED.** Copy this form if necessary. Producers utilizing raised bed production systems do not need to fill out a separate form for each bed provided all beds were treated essentially the same.

Field Unit or Greenhouse Number: \_\_\_\_\_ (as indicated on general farm map on page 3)

Check the answer(s) which generally describe the previous use of the farm, greenhouse, or field to be certified.

- ☐ native vegetation/grasses & forages/forest
- ☐ improved pasture
- ☐ no previous history of agriculture use
- ☐ previous history of agriculture use with no applications of prohibited materials
- ☐ previous history of agriculture use with prohibited materials (listed in previous section.)
- ☐ lawn/turf
- ☐ vacant lot/unmanaged farm or field
- ☐ unknown use of land
- ☐ used greenhouse with no use of prohibited materials
- ☐ used greenhouse with use of prohibited materials (Listed in previous section.)
- ☐ new greenhouse

**Lists crops and/or cover crops grown in this field/greenhouse during the previous three years.**

Year	CROPS
Last Year	
2 Years	
3 Years	

## **FOR CHANGES OR ADDITIONS ONLY**

**COMPLETE THIS INFORMATION FOR EACH FIELD UNIT.** (For certification of greenhouse units, use greenhouse unit information forms starting on page 8) Copy this form if necessary form multiple fields. Producers using raised bed production systems do not need to fill out a separate form for each bed provided all beds are treated essentially the same.

Field Unit Number: \_\_\_\_\_ (as indicated on general farm map on page 3)

### **Field Unit Production System**

- ☐ row crops (i.e., vegetables)      ☐ broadcast/solid planted crops (i.e., wheat, alfalfa, vetch)  
☐ perennial crops (i.e., fruit trees, berries)      ☐ raised beds (i.e., herbs vegetables)  
☐ garden plots (i.e., herbs, vegetables)      ☐ other (describe) \_\_\_\_\_

### **Irrigation System (if applicable)**

Total area irrigated: \_\_\_\_\_

Total area non-irrigated: \_\_\_\_\_

#### Type of irrigation source

- ☐ shallow well      ☐ deep well      ☐ river/canal      ☐ pond      ☐ community source

#### Type of irrigation systems

- ☐ sprinkler (low volume, energy efficient systems, i.e., LEPA, microsprinkler)      ☐ sprinkler (conventional)  
☐ drip irrigation      ☐ furrow (surge units/controlled flow)      ☐ furrow (open-ended)  
☐ flood      ☐ garden hose/sprinkler      ☐ Other \_\_\_\_\_

**Buffer Zone Information: Distance from area to be certified to land to or on which prohibited materials are or may be applied.**

Buffer Zones	Buffer zone distances	Are crops grown in designated buffer zone area?	List any crops grown in designated buffer zone area.
Side One (North)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Side Two (South)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Side Three (East)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Side Four (West)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Side (Other)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Side (Other)	<input type="checkbox"/> 25 Ft. or less <input type="checkbox"/> 25 - 50 ft. or more <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

Is the area to be certified adjacent to rights-of-way, irrigation canal systems, etc. that are maintained by public agency(s) or irrigation districts and to which prohibited materials have been or may continue to be applied?

☐ Yes ☐ No

If "Yes", please list the agency(s) \_\_\_\_\_

***FOR CHANGES OR ADDITIONS ONLY:***

**FIELD UNIT MAP.**

Complete a map for **each** new field unit indicating the number of the field unit, subsections or beds, size in square feet (if less than one acre) or acres. Generally label types of crops grown in the field unit, subsection or beds (i.e. vegetables, herbs, peaches, cotton, wheat). Indicate the distinctive boundaries for the field unit and all buffer zones and their distances. You may use this form, or attach your own map to this form. If your production system consists of raised beds you may show all beds on this map (you do not need a separate map for each bed).

Scale: One space = \_\_\_\_\_ Sq. Ft. or \_\_\_\_\_ Acres



## **FOR CHANGES OR ADDITIONS ONLY**

### **GREENHOUSE PRODUCTION AREA INFORMATION**

Greenhouse Number: \_\_\_\_\_ (as indicated on general farm map on page 3)

Is this greenhouse used to produce both organic and conventional products? ☐ Yes ☐ No

#### **Greenhouse-production system**

- ☐ in-ground (soil) ☐ raised beds ☐ soil filled benches  
☐ lined benches ☐ containers/pots  
☐ plastic/paper bags ☐ suspended containers/pots  
☐ plastic covered floor ☐ hydroponics ☐ other (describe) \_\_\_\_\_

#### **Greenhouse production building type**

- ☐ individual greenhouse unit ☐ gutter-connected greenhouse units  
☐ partitioned greenhouse units ☐ enclosed building ☐ enclosed individual room  
☐ other (describe) \_\_\_\_\_

#### **Greenhouse- production area size (in feet)**

length \_\_\_\_\_ width \_\_\_\_\_ number of sections \_\_\_\_\_  
total square feet \_\_\_\_\_

#### **Check type of greenhouse production construction:**

##### Covering

- ☐ glass ☐ plastic/fiberglass ☐ polyethylene ☐ wire screen ☐ shade cloth  
☐ wood or plastic lathe ☐ wallboard/paneling/wood covering ☐ none  
☐ other (describe) \_\_\_\_\_

##### Framing

- ☐ wood ☐ metal ☐ plastic ☐ other (describe) \_\_\_\_\_

##### Flooring

- ☐ soil ☐ gravel ☐ wood ☐ concrete ☐ other (describe) \_\_\_\_\_

##### Cooling system (i.e., water evaporative pads, air-cell, etc.)

- ☐ controls only unit to be certified ☐ controls multiple units ☐ other \_\_\_\_\_

##### Fans, heaters, air exchange systems

- ☐ controls only unit to be certified ☐ controls multiple units ☐ other \_\_\_\_\_

##### Irrigation watering systems

- ☐ supplies only unit to be certified ☐ supplies multiple units ☐ other \_\_\_\_\_



*Greenhouse continued:*

Do drainage, gutters, and /or water collection systems prevent contamination from run-off from other areas, buildings or additional greenhouses? ☐ Yes ☐ No

Are any prohibited materials applied within 50-feet of the greenhouse? ☐ Yes ☐ No

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## FARM PLAN

**This section of the application must be completed by ALL RENEWING APPLICANTS.**

### RECORD-KEEPING:

Did you keep farm activity records (i.e., cultivation, hoeing, planting, and irrigation) last year? ☐ Yes ☐ No

Did you keep records of purchases, types of materials and application of off-farm inputs (i.e., manure, compost and allowed or prohibited materials) used last year? ☐ Yes ☐ No

Did you keep records of the purchase of propagation materials (i.e., annual transplants, perennial transplants, seeds) and verification of organic certification or pesticide treatment of propagation materials used last year? ☐ Yes ☐ No

Did you keep production records last year? ☐ Yes ☐ No

Did you keep sales records last year? ☐ Yes ☐ No

### COVER CROP AND CROP ROTATION PLAN

Check the answer(s) which generally describe the cover crop and crop rotation system(s) you plan to use this year.

- ☐ Rotating annual crop (one crop per year) / cover crop
- ☐ Rotating multiple, seasonal crops / cover crop
- ☐ Continued cropping / no cover crop
- ☐ Continued cropping / no rotation
- ☐ Perennial crop / cover crop
- ☐ Perennial crop / no cover crop
- ☐ Orchard/vineyard / cover crop
- ☐ Orchard/vineyard / no cover crop

Generally describe the three-year projected rotation plan to be implemented in your management program Use reverse of page necessary. \_\_\_\_\_

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**LIST ALL MATERIALS APPLIED TO EACH FIELD UNIT OR GREENHOUSE LAST YEAR. ADD ADDITIONAL PAGES AS NECESSARY.**

Include materials applied to fencing, trellis supports, greenhouse structures, rights of way, non-crop areas, etc. Growers utilizing raised bed production may consider all beds to be one unit if treated substantially the same. Exceptions should be noted.

Material Category	Material Used	Field Unit, Crop or Greenhouse Number	Reason Used
Insecticides			
Fungicides			
Herbicides			
Growth Regulators			
Foliar-Applied Fertilizers			
Soil - Applied Fertilizers			
Soil Amendments			
Other			

## FERTILIZATION

Check all methods you plan to use this year in your annual farm plan:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> compost                                       | <input type="checkbox"/> manure                | <input type="checkbox"/> green manure crops |
| <input type="checkbox"/> nitrogen-fixing (legume) crops                | <input type="checkbox"/> cover and nurse crops |   |
| <input type="checkbox"/> allelopathic or mineral accumulating crops    | <input type="checkbox"/> micronutrients        |   |
| <input type="checkbox"/> soil amendments (i.e., lime, sulfur, gypsum)  | <input type="checkbox"/> growth regulators     |   |
| <input type="checkbox"/> materials listed as allowed with restrictions |  |   |

Are records of materials used for fertility on file? ☐ Yes ☐ No

Fertility decisions are based on sampling of: ☐ soil ☐ crop tissue  
☐ other. Describe \_\_\_\_\_

Indicate if compost and manure are analyzed for nutrient content. ☐ Yes ☐ No

Please check all methods you plan to use in your annual farm pest management plan:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> resistant varieties    | <input type="checkbox"/> crop rotation                      | <input type="checkbox"/> intercropping       |
| <input type="checkbox"/> cultural controls      | <input type="checkbox"/> plastic mulches/row covers         | <input type="checkbox"/> mechanical controls |
| <input type="checkbox"/> physical barriers      | <input type="checkbox"/> trap crops                         | <input type="checkbox"/> pheromones          |
| <input type="checkbox"/> beneficial insects     | <input type="checkbox"/> microbial and viral insecticides   |  |
| <input type="checkbox"/> soaps and/or oils      | <input type="checkbox"/> diatomaceous earth or rock powders |  |
| <input type="checkbox"/> botanical insecticides |   |  |

Are records of materials used for pest control on file? ☐ Yes ☐ No

Do you plant non-production areas or intercrop grasses, wildflowers, and legumes to establish a supplemental food source and habitat as a natural insectory for beneficial insects?  
☐ Yes ☐ No

## DISEASE PEST MANAGEMENT

Check all disease management methods you plan to use in your annual farm pest management program:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> resistant varieties                           | <input type="checkbox"/> crop rotation       | <input type="checkbox"/> intercropping      |
| <input type="checkbox"/> cultural controls                             | <input type="checkbox"/> herbal preparations | <input type="checkbox"/> allowed fungicides |
| <input type="checkbox"/> fungicides that are allowed with restrictions |  |   |

Are records of materials used for disease control on file? ☐ Yes ☐ No

Decisions to apply fungicides listed as allowed or allowed with restrictions, are based on:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> historical disease occurrence | <input type="checkbox"/> crop susceptibility | <input type="checkbox"/> spray scheduling |
| <input type="checkbox"/> presence of disease symptoms  | <input type="checkbox"/> evident crop loss   |   |

## WEED PEST MANAGEMENT

Check all weed management methods you plan to use in your annual farm management program and three-year crop rotation plan:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> mulches/compost    | <input type="checkbox"/> cover crops             | <input type="checkbox"/> crop rotation   |
| <input type="checkbox"/> smother crops      | <input type="checkbox"/> undersown crops         | <input type="checkbox"/> intercropping   |
| <input type="checkbox"/> cultural practices | <input type="checkbox"/> plastic/paper mulches   | <input type="checkbox"/> weed oils/soaps |
| <input type="checkbox"/> solarization       | <input type="checkbox"/> mechanical/hand tillage | <input type="checkbox"/> mowing/grazing  |
| <input type="checkbox"/> other _____        |  |  |

Are records of materials used for weed management on file? ☐ Yes ☐ No

Check weed control methods used in non-production areas: (i.e., field borders, roads, ditches embankments, and fence lines)

- |  |   |
|--|---|
| <input type="checkbox"/> cultivation     | <input type="checkbox"/> permanent grasses or cover crops           |
| <input type="checkbox"/> weed oils/soaps | <input type="checkbox"/> none <input type="checkbox"/> solarization |
| <input type="checkbox"/> mowing/grazing  | <input type="checkbox"/> other _____                                |

## HARVEST AND HANDLING

Check appropriate harvest and handling methods:

Harvest: ☐ hand harvested ☐ mechanically harvested  
☐ other \_\_\_\_\_

Packing: ☐ hand packed ☐ mechanical grading, sizing, packing

Storage: ☐ field storage (temporary) ☐ aerated storage

☐ dry storage (bins, silos, storage rooms) ☐ icing ☐ cold storage

☐ other \_\_\_\_\_

Check appropriate methods used for pest control in storage areas:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> sanitation               | <input type="checkbox"/> diatomaceous earth                                       | <input type="checkbox"/> biological controls |
| <input type="checkbox"/> carbon dioxide injection | <input type="checkbox"/> allowed botanical insecticides, fungicides, bactericides |  |
| <input type="checkbox"/> other _____              |   |  |

Are harvest records on file? ☐ Yes ☐ No

Do you produce conventional (i.e., non-organic) crops? ☐ Yes ☐ No

If yes, do you produce conventional crops: (check all appropriate boxes)

☐ identical or similar to organic crops  
\_\_\_\_\_ in separate fields \_\_\_\_\_ in the same field \_\_\_\_\_ on different farms

☐ of different species than the organic crops  
\_\_\_\_\_ in separate fields \_\_\_\_\_ in the same field \_\_\_\_\_ on different farms

Are different farms located outside of the state of Nevada? ☐ No

☐ Yes. In the state of \_\_\_\_\_.

Are separate records of harvest, packing and sales maintained for organic and conventional crop production? ☐ Yes ☐ No

Are separate harvest, handling and storage facilities used for conventional crops?  
☐ Yes                      ☐ No

### EQUIPMENT (New and Renewing must complete)

Did you share or rent equipment? ☐ Yes ☐ No

Were any prohibited materials applied with this equipment? ☐ Yes ☐ No

Is all application equipment cleaned and/or managed to prevent contamination of organic fields and crops? ☐ Yes ☐ No

## CROPPING PLANS FOR THE COMING YEAR

Do you plan to produce crops that differ from what you produced last year?

☐ Yes ☐ No. I will plant the same crops as last year.

If yes, please list below:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Continued certification requires at least one on-site inspection annually to verify compliance with Nevada's organic certification standards. An appointment will be scheduled following review of this application.

## AFFIDAVIT

**Renewal applications received without a signed affidavit will be returned.**

I, hereby affirm that:

- All verification documents required by the Nevada Organic Certification Law, NRS 587 and NAC 587 and submitted to the Nevada Department of Agriculture in support of my application for re-certification contain and will contain only true, accurate and complete information about my operation.
- All oral statements and written records made available to NDA in connection with inspections of my operation are and will be true, accurate and complete.
- All goods produced and/or marketed under a NDA Certified Organic certificate and logs will be produced, processed, handled and sold in accordance with the standards set out in Section 587 of the Nevada Revised Statutes and 587 of the Nevada Administrative Code.
- I have read and agree to be bound by all provisions of NRS 587 and NAC 587 applicable to production, processing and sales of organic food, feed or fiber produced on land for which I herein apply for certification.
- I certify that I am the person responsible for the production, processing and sales of organic food, feed or fiber on the land for which I herein apply for certification.

\_\_\_\_\_  
Name of Applicant (please print or type)

\_\_\_\_\_  
Signature of Applicant  
Individual owner, Partner or Corporate Officer

\_\_\_\_\_  
Date

Business which are required to be certified and are found to be operating with an expired certification may be subject to administrative penalties of up to \$3000.00 for each violation. Each day a violation continues may be considered a separate violation for penalty assessment.

### NOTARY

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, personally appeared before me, a Notary Public in and for said County of said State, \_\_\_\_\_, known to me to be the person(s) described in and who executed the foregoing instrument and duly acknowledged to me that \_\_\_\_\_ executed the same freely and voluntarily and for all the uses and purposes described therein. IN WITNESS WHEREOF I have thereunto set my hand and affixed my Official Seal that day and year in this certificate first above written.

\_\_\_\_\_  
Notary Public